

# Developmental Disabilities Service Directory

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**SELF – DIRECTED SERVICES  
AVAILABLE!**

**DAY SERVICES:** Habilitative Community Inclusion

**PREVOCATIONAL:** Individual, Small Group

**EMPLOYMENT SERVICES:** Supported Employment - Follow Along, and Individual

**HABILITATIVE SERVICES:** Adult Companion Home

**RESIDENTIAL HABILITATION SERVICES:** Group, Individual

**HOMEMAKER SERVICES**

**RESPITE**

## SERVICE COORDINATION

Developmental Disabilities (DD) provides Service Coordination to coordinate and oversee the delivery of effective services for you. You may request a Service Coordinator (SC) or Community Coordinator Specialist (CCS) once you are determined DD eligible.

Your Service Coordinator or Community Coordinator Specialist will:

- Help you access services not funded by DDD, such as Medicaid, SSI, and SNAP;
- Help you identify and access community resources;
- Develop a plan of contact based on your needs;
- Attend IEP meetings as requested.

If DD funding is available and an offer has been accepted by you, then your Service Coordinator or Community Coordinator Specialist will:

- Work directly with you to develop your service plan based on your wants and needs;
- Complete referrals for DD providers, as requested, and assist with appointments and transition plans;
- Hold meetings every six months, at a minimum, to help you work toward life goals;
- Complete monitoring of your plan to ensure your plan is being implemented and adequately addresses your needs;
- Follow up with you to ensure your needs are being met;
- Follow up with your legal representative;
- Adjust service plan and services when changes are necessary for success;
- Help advocate for what you want and need from your service provider(s), family, and the community; and
- Ensure services promote employment, independence, productivity, and inclusion.

## PROVIDER TYPES

You can choose the provider(s) you want to work with. There are two types of providers available for DD services:

**Independent Providers** are typically people you know. Parents of a minor child, a spouse, and the legal guardian of the participant are excluded as independent providers. Once you choose your provider, the state has an approval process to ensure they meet requirements. Your DD Coordinator can help connect a person to the Medicaid provider enrollment broker to begin the process to enroll as a provider. Independent providers may not meet the requirements to provide all service types.

**Agency Providers** complete a certification process with the Department of Health & Human Services Division of Public Health. Agencies are responsible for hiring, firing, scheduling, training, and paying staff members. Agencies provide direct services for you. There are many agency providers across the state. Agency providers choose which service types they offer.

## GENERAL PROVIDER REQUIREMENTS

A provider must:

- Be a Medicaid enrolled provider;
- Not subcontract any services;
- Complete all provider enrollment requirements, including annual background checks;
- Be age 19 or older and authorized to work in the United States;
- Not be a legally responsible individual or guardian for participant;
- Not be an employee of DHHS; and
- Possess a valid driver's license and insurance as required by Nebraska law, if transportation is provided.

Additionally, an agency provider must train staff in the following areas, and provide evidence upon request:

- Abuse, neglect, and exploitation and state law reporting requirements and prevention;

- Cardiopulmonary resuscitation; and
- Basic first aid.

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## SERVICE TIERS

### DAY SERVICES TIERS

Tiers are used for: Habilitative Workshop, Adult Day Service, Supported Employment Individual, Supported Employment Enclave, and Habilitative Community Inclusion.

#### BASIC TIER

Service tier requires limited staff supports and personal attention to a participant daily due to a moderately high level of independence and functioning. Behavioral needs, if any, can be met with medication or informal direction by staff. The person may have periods of time with indirect staff supervision where staff are available/if needed/as requested/as outlined in the participant plan or onsite and available through hearing distance of a request.

#### INTERMEDIATE TIER

Service tier requires full-time supervision with staff available on-site within line of sight due to significant functional limitations, medical and/or behavioral needs. Behavioral and medical supports are not generally intense and can be provided in a shared staffing setting. Regular personal attention is given throughout the day for personal care, reinforcement, community or social activities.

#### HIGH TIER

Service tier requires full-time supervision with staff available on-site within absolute line of sight and frequent staff interaction and personal attention for significant functional limitations, medical and/or behavioral needs. Support and supervision needs are moderately intense, but can still generally be provided in a shared setting unless otherwise specified in the plan of care. Frequent personal attention given throughout the day for reinforcement, positive behavior support, personal care, community or social activities.

#### ADVANCED TIER

Service tier requires full-time supervision with sole staff on-site (not shared) which must be conducted by at least line of sight, with much of the staff's time within close proximity providing direct support during all waking hours. Therapy and medical care needs are usually intense with behavior needs as well as medical needs. The full attention of two staff may be required for certain activities of daily living (ADL's) and in response to certain behavioral events.

### RESIDENTIAL SERVICES TIERS

#### BASIC TIER

Service tier requires limited staff supports and personal attention to a participant daily due to a moderately high level of independence and functioning. Behavioral needs, if any, can be met with medication or informal direction by staff. The person may have periods of time with indirect staff supervision where staff are available/if need/as requested/as outlined in the participant plan or onsite and available through hearing distance of a request.

Person requires few supports weekly due to high level of independence and functioning compared to one's peers. Independent with ADLs but may follow checklists. No significant behavioral or medical issues that cannot be controlled with meds and routine medical care. Minimal support services; provided within a few hours per week. Can be left alone in home or community for extended periods of time.

Person requires infrequent care and limited supports daily due to a moderately high level of independence and functioning. Some days may not require any support. Behavioral needs, if any, can be met with medication or informal or infrequent verbal redirection by caregivers, which may or may not require a BSP. There may be a need for day services and intermittent residential support services to assist with certain tasks, and the person can be unsupervised for several hours at time during the day and night.

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## INTERMEDIATE TIER

Service tier requires full-time supervision with staff available on-site within line of sight due to significant functional limitations, medical and/or behavioral needs. Behavioral and medical supports are not generally intense and can be provided in a shared staffing setting. Regular personal attention is given throughout the day for personal care, reinforcement, community or social activities.

Person requires limited personal care and/or regular supervision due to a moderate level of functional limitations in activities of daily living, requiring staff presence and some physical assistance. Behavioral needs, if any, are met through medication, informal direction by caregivers, and/or occasional therapy (every one to two weeks). Person does not require 24-hour supervision – generally able to sleep unsupervised – but needs structure and routine throughout the day. Intermittent personal attention should be given daily for training, personal care, community or social activities.

Person requires regular personal care and/or close supervision due to significant functional limitations, medical and/or behavioral conditions. Therapy and medical care may be needed monthly in addition to support from staff. Behavioral and medical supports are not generally staff-intensive and may be provided in a shared staffing setting. Regular attention is needed throughout the day for training, personal care, reinforcement, community or social activities.

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## HIGH TIER

Service tier requires full-time supervision with staff available on-site within absolute line of sight and frequent staff interaction and personal attention for significant functional limitations, medical and/or behavioral needs. Support and supervision needs are moderately intense, but can still generally be provided in a shared setting unless otherwise specified in the plan of care. Frequent personal attention given throughout the day for reinforcement, positive behavior support, personal care, community or social activities.

Person requires extensive personal care and/or constant supervision due to behavioral or medical concerns or due to significant functional limitations concerns, including frequent and regular on-site staff interaction and support. Therapy and medical care may be needed bi-monthly in addition to support from staff. Behavioral and medical concerns must be addressed with written behavioral and/or medical plans and protocols. Support needs are highly intense, but can still generally be provided in a shared staff setting. Staff must provide line of sight supervision and frequent personal attention must be given throughout the day for training, reinforcement, positive behavior support, personal care, community or social activities.

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## ADVANCED TIER

Service tier requires full-time supervision with sole staff on-site (not shared) which must be conducted by at least line of sight, with much of the staff's time within close proximity providing direct support during all waking hours. Therapy and medical care needs are usually intense with behavior needs as well as medical needs. The full attention of two staff may be required for certain activities of daily living (ADL's) and in response to certain behavioral events.

Person needs total personal care and/or intense supervision throughout the day and night. Supervision by a sole staff on-site (not shared) must be conducted by at least line of sight, with much of the staff's time within close proximity providing direct support during all waking hours. At times, the person may require the full attention of two staff for certain activities of daily living and in response to certain behavioral events. Therapy and medical care may be needed weekly in addition to support from staff. Typically, this level of service is only needed by someone with intense behaviors, not just medical needs alone. There is no ratio flexibility from the amount approved by DDD. Behavioral and medical supports require written plans or protocols to address support needs. Risk screens and or clinical review and approval as defined by the Division.

## ADULT DAY SERVICES

## SERVICE DEFINITION:

Adult Day Services are non-habilitative services consisting of meaningful day activities. Adult Day Services provide active supports which foster independence, encompassing both health and social services needed to ensure the optimal functioning of the participant. Adult Day Services include assistance with activities of daily living (ADL), health maintenance, and supervision. Participants receiving Adult Day Services are integrated into the community to the greatest extent possible.

Adult Day Services are supervision and support services to keep participants who need the service in a safe, supervised setting that does not require the training goals and strategies of habilitation services. Adult Day Services limit community engagement mainly due to compromised health issues and significant limitations of the participants. Providers are not allowed to engage participant in work activities for no pay for which non-participants would be paid a wage. Engaging participants in volunteer activities is within the scope of this service.

Adult Day Services are provided in a non-residential setting. The Adult Day Service provider must be within immediate proximity of the participant to allow staff to provide support and supervision, safety and security, and provide activities to keep the participant engaged in their environment.

## LIMITS ON THE AMOUNT, FREQUENCY, OR DURATION OF THIS SERVICE:

- Adult Day services are available for adult participants.
- Participants who receive this service may also be authorized to receive a combination of Supported Employment (Individual, Enclave, and Follow-Along), Habilitative Community Inclusion, Habilitative Workshop and/or Prevocational on the same service plan but not at the same time. The combination of services cannot exceed a weekly amount of 35 hours for one or more of these services.
- The amount of prior authorized services is based on the participant's need as documented in the service plan, and within the participant's approved annual budget.
- Adult Day Services are reimbursed as an hourly unit.
- Transportation to and from the participant's private residence, or other provider setting, to the Adult Day Service is not included in the reimbursement rate.
- Adult Day Services shall not overlap with, supplant, or duplicate other services provided through Medicaid State plan or HCBS Waiver services.
- Health maintenance activities, such as medication administration and treatments that are routine, stable, and predictable may be provided by medication aides and other unlicensed direct support professionals and require nurse or medical practitioner oversight of delegated activities to the extent permitted under applicable State laws.

## PROVIDER TYPE &amp; ADDITIONAL QUALIFICATIONS:

☐ Independent Provider ☒ Agency Provider

### HABILITATIVE COMMUNITY INCLUSION

#### SERVICE DEFINITION:

Habilitative Community Inclusion services offer habilitative training and staff supports for the acquisition, retention, or improvement in self-help, and behavioral, socialization, and adaptive skills which take place in the community in a non-residential setting, separate from the individual's private residence or other residential living arrangement. Habilitative Community Inclusion services are furnished in any of a variety of settings in the community.

Habilitative activities are designed to foster greater independence, community networking, and personal choice. Making connections with community members is a strong component of this service provision. Participants may not perform work activities, either paid or unpaid, while receiving this service.

Habilitative Community Inclusion services provide an opportunity for the participant to practice skills taught in therapies, counseling sessions, or other settings to plan and participate in regularly scheduled community activities. Services also includes the provision of supplementary staffing necessary to meet the child's exceptional care needs in a day care setting.

Habilitative Community Inclusion services must be furnished consistent with the participant's person-centered plan and include options and opportunities for community integration, relationship-building, and an increased presence in one's community. Habilitative Community Inclusion services include assisting with the common use of the community's transportation system as well as building and maintaining interpersonal relationships. Habilitative Community Inclusion services may include facilitation of inclusion of the individual within a community group or volunteer organization; opportunities for the participant to join formal/informal associations and community groups; opportunities for inclusion in a broad range of community settings including opportunities to pursue social and cultural interests, and choice making. Habilitative Community Inclusion services include assistance with activities of daily living (ADL), health maintenance, and supervision. Sixty percent of services must occur in community integrated activities.

#### LIMITS ON THE AMOUNT, FREQUENCY, OR DURATION OF THIS SERVICE:

- Participants who receive this service may also be authorized to receive a combination of Adult Day Service, Supported Employment (Individual, Enclave, and Follow-Along), Habilitative Workshop and/or Prevocational on the same service plan but not at the same time. The combination of services cannot exceed a weekly amount of 35 hours for one or more of these services.
- The rate for this service does not include the basic cost of childcare unrelated to a child's disability. The "basic cost of child care" means the rate charged by and paid to a childcare center or individual provider for children who do not have special needs.
- The amount of prior authorized services is based on the participant's need as documented in the service plan, and within the participant's approved annual budget.
- Habilitative Community Inclusion is reimbursed at an hourly unit.
- A participant receives a tiered service based upon needs identified in the Objective Assessment Process.
- Transportation to and from the participant's private residence, or other provider setting, to settings in the community for Habilitative Community Inclusion services is included in the reimbursement rate.
- Habilitative Community Inclusion shall not overlap with, supplant, or duplicate other services provided through Medicaid State plan or HCBS Wavier services.
- This service shall exclude any services available through public education programs funded under the Individuals with Disabilities Education Act (IDEA). This includes services not otherwise available through public education programs in the participant's local school district, including after school supervision and daytime services when school is not in session (i.e., summer breaks and/or scheduled school holidays, in-service days, etc.). Services cannot be provided during the school hours set by the local school district for the participant. Regular school hours and days apply for a child who receives home schooling.

- Habilitative Community Inclusion Services may be provided by a relative but not a legally responsible individual or guardian.
- An individual service provider or agency provider staff shall not provide Habilitative Community Inclusion services to adults and children at the same time. Participants 18 years of age may receive Habilitative Community Inclusion services with adults.

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PROVIDER TYPE & ADDITIONAL QUALIFICATIONS:

☒ Independent Provider ☒ Agency Provider

A provider of this service must:

- Have a Bachelor's degree or coursework/training in: education, psychology, social work, sociology, human services, or a related field; and/or
- Have four or more years of professional experience in the provision of habilitative services for persons with intellectual or other developmental disabilities or four or more years of professional experience in habilitative program writing and program data collection/analysis, and provide evidence upon request.

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## HABILITATIVE WORKSHOP

## SERVICE DEFINITION:

Habilitative Workshop services are habilitative services that offer a provision of regularly scheduled activities in a provider owned or controlled non-residential setting. Habilitative Workshop services are regularly scheduled activities, formalized training, and staff supports for the acquisition, retention, or improvement in self-help, behavioral, and adaptive skills that enhance social development and develop skills in performing activities of daily living, and community living. Activities and environments are designed to foster the acquisition of skills, building positive social behavior and interpersonal competence, greater independence and personal choice. This service is provided to participants that do not have a clear plan for employment and are therefore not currently seeking to join the general work force. Services are not job-task oriented, but aimed at generalized results.

Habilitative Workshop services will focus on enabling the participant to attain or maintain his or her maximum functional level and must be coordinated with but may not supplant any physical, occupational, or speech therapies listed in the service plan. In addition, the services and supports may reinforce but not replace skills taught in therapy, counseling sessions, or other settings. This service also includes the provision of personal care, health maintenance and supervision.

## LIMITS ON THE AMOUNT, FREQUENCY, OR DURATION OF THIS SERVICE:

- Participants who receive this service may also be authorized to receive a combination of Adult Day Service, Supported Employment (Individual, Enclave, and Follow-Along), Habilitative Community Inclusion, and/or Prevocational on the same service plan but not at the same time. The combination of services cannot exceed an average weekly amount of 35 hours for one or more of these services.
- The amount of prior authorized services is based on the participant's need as documented in the service plan, and within the participant's approved annual budget.
- Habilitative Workshop is reimbursed at an hourly unit.
- A participant receives a tiered service based upon needs identified in the Objective Assessment Process.
- Transportation to and from the participant's private residence, or other provider setting, to a Habilitative Workshop setting is not included in the reimbursement rate.
- Transportation to and from the Habilitative Workshop setting to integrated community activities during the Habilitative Workshop service hours is included in the rate.
- Habilitative Workshop shall not overlap with, supplant, or duplicate other services provided through Medicaid State Plan or HCBS Waiver services, or Vocational Rehabilitation programs.
- This service shall exclude any services available through public education programs funded under the Individuals with Disabilities Education Act (IDEA). This includes services not otherwise available through public education programs in the participant's local school district, including after school supervision and daytime services when school is not in session (i.e., summer breaks and/or scheduled school holidays, in-service days, etc.). Services cannot be provided during the school hours set by the local school district for the participant. Regular school hours and days apply for a child who receives home schooling.
- Effective January 1, 2017, documentation for any supported employment service must be maintained in the service coordination file for each participant receiving this service that the service is not available under a program funded under section 110 of the Rehabilitation Act of 1973 (Vocational Rehabilitation Services).

## PROVIDER TYPE &amp; ADDITIONAL QUALIFICATIONS:

☐ Independent Provider ☒ Agency Provider

### SERVICE DEFINITION:

Prevocational Services are habilitative services that provide learning and work experiences, including career planning, job searching, and work experiences, where the participant can develop general, non-job-task-specific strengths and skills that contribute to future employability in paid employment in integrated community settings. Services are expected to occur over a defined period of time and with specific outcomes to be achieved, as determined by the participant and his/her service and team through an ongoing person-centered planning process. Prevocational service habilitative activities must be reflected in the participant's service plan. Services may be furnished in a variety of locations in the community.

Participants receiving prevocational services must have employment-related goals in their person-centered service plan; the general habilitation activities must be designed to support such employment goals. To be considered to be a successful outcome of prevocational services, the participant will obtain the opportunity for competitive, integrated employment in the community. Prevocational services may include career planning to prepare the participant for, obtain, maintain or advance employment. Services with focus on career planning includes development of self-awareness and assessment of skills, abilities, and needs for self-identifying career goals and direction, including resume or business plan development for customized home businesses. Prevocational services may involve assisting the participant in accessing an Employment Network, the Nebraska Work Incentive Network (WIN), Ticket to Work services, Work Incentive Planning and Assistance (WIPA) services, or other qualified service programs that provide benefits planning.

Prevocational services may include job searching designed to assist the individual (or in limited situations on behalf of the individual), to locate a job or development of a work experience. Job searching with the individual will be provided on a one to one basis to achieve the outcome of this service.

Prevocational services should enable each participant to attain the highest level of work in the most integrated setting and with the job matched to the participant's interests, strengths, priorities, abilities, and capabilities, while following applicable federal wage guidelines. Services are intended to develop and teach general skills that lead to competitive and integrated employment including, but not limited to: ability to communicate effectively with supervisors, co-workers and customers; generally accepted community workplace conduct and dress; ability to follow directions; ability to attend to tasks; workplace problem solving skills and strategies; general workplace safety and mobility training. Prevocational services also includes the provision of personal care and protective oversight and supervision when applicable to the individual.

Participation in prevocational services is not a required pre-requisite for supported employment individual or supported employment enclave services provided under the waiver.

### LIMITS ON THE AMOUNT, FREQUENCY, OR DURATION OF THIS SERVICE:

- Participants who receive this service may also be authorized to receive a combination of Adult Day Service, Supported Employment (Individual, Enclave, and Follow-Along), Habilitative Community Inclusion, and/or Habilitative Workshop on the same service plan but not at the same time. The combination of services cannot exceed an average weekly amount of 35 hours for one or more of these services.
- Prevocational services are time-limited and should not exceed 12 consecutive months. In some cases, an additional 12 months may be approved by the Division in subsequent years with submission of an approved employment plan (through vocational rehabilitation, school district, or the waiver) and upon review of active progress made the prior year on finding employment opportunities, increasing work skills, time on tasks, or other job preparedness objectives.
- The amount of prior authorized services is based on the participant's need as documented in the service plan, and within the participant's approved annual budget.
- The service is billed at an hourly unit.
- Transportation to and from the participant's private residence, or other provider setting, to the Prevocational service is not included in the reimbursement rate.

- Prevocational service shall not overlap with, supplant, or duplicate other services provided through Medicaid State plan, HCBS Waiver services, or Vocational Rehabilitation.
- This service shall exclude any services available through public education programs funded under the Individuals with Disabilities Education Act (IDEA). This includes services not otherwise available through public education programs in the participant's local school district, including after school supervision and daytime services when school is not in session (i.e., summer breaks and/or scheduled school holidays, in-service days, etc.). Services cannot be provided during the school hours set by the local school district for the participant. Regular school hours and days apply for a child who receives home schooling.
- Effective January 1, 2017, documentation for any supported employment service must be maintained in the service coordination file for each participant receiving this service that the service is not available under a program funded under section 110 of the Rehabilitation Act of 1973 (Vocational Rehabilitation Services).

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#### PROVIDER TYPE & ADDITIONAL QUALIFICATIONS:

☒ Independent Provider ☒ Agency Provider

A provider of this service must:

- Have a Bachelor's degree or coursework/training in: education, psychology, social work, sociology, human services, or a related field; and/or
- Have four or more years of professional experience in the provision of habilitative services for persons with intellectual or other developmental disabilities or four or more years of professional experience in habilitative program writing and program data collection/analysis, and provide evidence upon request.

## SUPPORTED EMPLOYMENT – ENCLAVE

## SERVICE DEFINITION:

Supported Employment-Enclave are habilitative services and activities provided in regular business and industry settings for groups. Generally, participants work as a team, at a single worksite of a community business or industry, with initial training, supervision, and ongoing support provided by a specially trained on-site supervisor, who is an employee of the DD provider agency.

Supported Employment-Enclave does not include services provided in facility based work settings. Services take place at a work site of a competitive employer where a participant with a disability or a group of participants with disabilities are working and supervised by staff from the DD provider agency. The participants remain on the provider's payroll and authorization to pay a subminimum wage is based on the provider's certificate.

Examples include mobile crews and other business-based workgroups employing small groups of participants with disabilities in integrated employment in the community. The outcome of this service is sustained paid employment and work experience leading to further career development and individual integrated community-based employment for which an individual is compensated at or above the minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities.

Supported Employment-Enclave may include the acquisition of work skills, appropriate work behavior, and the behavioral and adaptive skills necessary to enable the participant to attain or maintain his or her maximum inclusion, and personal accomplishment in the working community. Supported Employment-Enclave may include services not specifically related to job skill training that enable the waiver participant to be successful in integrating into the job setting. Supported Employment-Enclave must be provided in a manner that promotes integration into the workplace and interaction between participants and people without disabilities in those workplaces.

## LIMITS ON THE AMOUNT, FREQUENCY, OR DURATION OF THIS SERVICE:

- Participants who receive this service may also be authorized to receive a combination of Adult Day Service, Supported Employment (Individual and Follow-Along), Habilitative Community Inclusion, Habilitative Workshop and/or Prevocational on the same service plan but not at the same time. The combination of services cannot exceed an average weekly amount of 35 hours for one or more of these services.
- The amount of prior authorized services is based on the participant's need as documented in the service plan, and within the participant's approved annual budget.
- This service is billed at an hourly unit.
- Transportation to and from the participant's private residence, or other provider setting, to Supported Employment-Enclave is not included in the reimbursement rate.
- Supported Employment-Enclave shall not overlap with, supplant, or duplicate other services provided through Medicaid State plan, HCBS Waiver services, or Vocational Rehabilitation.
- This service shall exclude any services available through public education programs funded under the Individuals with Disabilities Education Act (IDEA). This includes services not otherwise available through public education programs in the participant's local school district, including after school supervision and daytime services when school is not in session (i.e., summer breaks and/or scheduled school holidays, in-service days, etc.). Services cannot be provided during the school hours set by the local school district for the participant. Regular school hours and days apply for a child who receives home schooling.
- Effective January 1, 2017, documentation for any supported employment service must be maintained in the service coordination file for each participant receiving this service that the service is not available under a program funded under section 110 of the Rehabilitation Act of 1973 (Vocational Rehabilitation Services).

- Federal financial participation is not claimed for incentive payments, subsidies, or unrelated vocational training expenses such as the following:
  - Incentive payments made to an employer to encourage or subsidize the employer's participation in a supported employment program;
  - Payments that are passed through to users of supported employment programs; or
  - Payments for training that is not directly related to a participant's supported employment program.

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PROVIDER TYPE & ADDITIONAL QUALIFICATIONS:

☐ Independent Provider ☒ Agency Provider

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## SUPPORTED EMPLOYMENT – FOLLOW ALONG

## SERVICE DEFINITION:

Supported Employment-Follow Along are services and supports that enable a participant who is paid at or above the federal minimum wage to maintain employment in an integrated community employment setting. This service is provided for or on behalf of a participant through intermittent and occasional job support, communicating with the participant's supervisor or manager, whether in the presence of the participant or not. Supported Employment – Follow Along may cover support through phone calls between provider staff and the participant's employer staff. There is regular contact and follow-up with the employer and participant to reinforce and stabilize job placement. Services must be furnished consistent with the participant's person-centered plan.

Supported Employment-Follow Along may include observation and supervision of the participant, teaching job tasks and monitoring at the work site a minimum of twice a month, to ascertain the success of the job placement and when needed, the provision of short-term job skill training at the work site to help maintain employment. Supported Employment-Follow Along staff provide facilitation of natural supports at the work site and advocate for the participant, but only with persons at the employment site (i.e., employers, co-workers, customers) and only for purposes directly related to employment.

A participant may receive Supported Employment-Follow Along for working in an integrated community work environment where at least 51% of other employees who work around the participant do not have disabilities.

## LIMITS ON THE AMOUNT, FREQUENCY, OR DURATION OF THIS SERVICE:

- Participants who receive this service may also be authorized to receive a combination of Adult Day Service, Habilitative Community Inclusion, Habilitative Workshop and/or Prevocational but not at the same time. The combination of services cannot exceed an average weekly amount of 35 hours for one or more of these services.
- Supported Employment-Follow Along does not include activities taking place in a group, i.e. work crews or enclaves; public relations; community education; in-service meetings; individual staff development; department meetings; or any other activities that are non-participant specific, such as a job coach working the job instead of the participant.
- The amount of prior authorized services is based on the participant's need as documented in the service plan, and within the participant's approved annual budget.
- Supported Employment-Follow Along is billed at a 15 minute rate for up to 100 units annually.
- Transportation to and from the participant's private residence, or other provider setting, to the Supported Employment-Follow Along is not included in the reimbursement rate.
- This service shall not overlap with, supplant, or duplicate other services provided through Medicaid State plan, HCBS Waiver services, or Vocational Rehabilitation.
- This service shall exclude any services available through public education programs funded under the Individuals with Disabilities Education Act (IDEA). This includes services not otherwise available through public education programs in the participant's local school district, including after school supervision and daytime services when school is not in session (i.e., summer breaks and/or scheduled school holidays, in-service days, etc.). Services cannot be provided during the school hours set by the local school district for the participant. Regular school hours and days apply for a child who receives home schooling.
- Effective January 1, 2017, documentation for any supported employment service must be maintained in the service coordination file for each participant receiving this service that the service is not available under a program funded under section 110 of the Rehabilitation Act of 1973 (Vocational Rehabilitation Services).

## PROVIDER TYPE &amp; ADDITIONAL QUALIFICATIONS:

☒ Independent Provider ☒ Agency Provider

A provider of this service must:

- Have a Bachelor's degree or coursework/training in: education, psychology, social work, sociology, human services, or a related field; and/or
- Have four or more years of professional experience in the provision of habilitative services for persons with intellectual or other developmental disabilities or four or more years of professional experience in habilitative program writing and program data collection/analysis, and provide evidence upon request.

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## SUPPORTED EMPLOYMENT - INDIVIDUAL

## SERVICE DEFINITION:

Supported Employment-Individual Services are the 1:1 formalized training and staff supports available to a participant who, because of their disability, needs intensive, sometimes on-going support, to obtain and maintain an individual job in competitive or customized employment, self-employment, in an integrated work setting in the general workforce for which an individual is compensated at or above the minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by an individual without a disability. Support may involve assisting the participant in accessing an Employment Network, the Nebraska Work Incentive Network (WIN), Ticket to Work services, Work Incentive Planning and Assistance (WIPA) services, or other qualified service programs that provide benefits planning. The outcome of this service is sustained paid employment in an integrated setting in the general workforce that meets personal and career goals.

Services are conducted in a variety of settings, particularly work sites where persons without disabilities are employed. Services include activities needed to sustain paid work by a participant and are designed to obtain, maintain or advance employment by a participant, including supervision and training. When Supported Employment - Individual are provided at a work site where persons without disabilities are employed, payment is made only for the adaptations, supervision and training required by participants receiving waiver services as a result of their disabilities, but does not include payment for the supervisory activities rendered as a normal part of the business setting.

Objectives must be identified in the participant's plan that supports the need for continued job coaching with a plan to lessen the job coaching. Supported Employment - Individual must be provided in a community employment setting, unless the support is to develop a customized home-based business.

## LIMITS ON THE AMOUNT, FREQUENCY, OR DURATION OF THIS SERVICE:

- Participants who receive this service may also be authorized to receive a combination of Adult Day Service, Supported Employment (Enclave and Follow-Along), Habilitative Community Inclusion, Habilitative Workshop and/or Prevocational on the same service plan but not at the same time. The combination of services cannot exceed an average weekly amount of 35 hours for one or more of these services.
- Income from customized home-based businesses are not required to be commensurate with minimum wage requirements with other employment.
- The amount of prior authorized services is based on the participant's need as documented in the service plan, and within the participant's approved annual budget.
- This service is billed at an hourly unit.
- Transportation to and from the participant's private residence, or other provider setting, to the Supported Employment-Individual is not included in the reimbursement rate.
- This service shall not overlap with, supplant, or duplicate other services provided through Medicaid State plan, HCBS Waiver services, or Vocational Rehabilitation.
- This service shall exclude any services available through public education programs funded under the Individuals with Disabilities Education Act (IDEA). This includes services not otherwise available through public education programs in the participant's local school district, including after school supervision and daytime services when school is not in session (i.e., summer breaks and/or scheduled school holidays, in-service days, etc.). Services cannot be provided during the school hours set by the local school district for the participant. Regular school hours and days apply for a child who receives home schooling.
- Effective January 1, 2017, documentation for any supported employment service must be maintained in the service coordination file for each participant receiving this service that the service is not available under a program funded under section 110 of the Rehabilitation Act of 1973 (Vocational Rehabilitation Services).



- Federal financial participation is not claimed for incentive payments, subsidies, or unrelated vocational training expenses such as the following:
  - Incentive payments made to an employer to encourage or subsidize the employer's participation in a supported employment program;
  - Payments that are passed through to users of supported employment programs; or
  - Payments for training that is not directly related to a participant's supported employment program.

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**PROVIDER TYPE & ADDITIONAL QUALIFICATIONS:**

☒ Independent Provider ☒ Agency Provider

A provider of this service must:

- Have a Bachelor's degree or coursework/training in: education, psychology, social work, sociology, human services, or a related field; and/or
- Have four or more years of professional experience in the provision of habilitative services for persons with intellectual or other developmental disabilities or four or more years of professional experience in habilitative program writing and program data collection/analysis, and provide evidence upon request.

### ADULT COMPANION SERVICE

#### SERVICE DEFINITION:

Adult Companion Service is a drop-in, habilitative service and includes adaptive skill development, non-medical care, supervision, socialization and assisting a waiver participant in maintaining safety in the home and enhancing independence in self-care and home living skills. Adult Companion Service is provided to the participant in their home.

Adult Companion Service assists a participant to live in a private residence (non-provider operated or controlled), when the participant requires a range of community based support to live as independently as possible. Adult Companion service provides individually tailored supports that assist with the acquisition, retention, or improvement in skills related to living successfully in the community.

Adult Companion Service includes prompting and supervising the participant in completing tasks including but not limited to, activities of daily living (ADL); health maintenance; meal preparation; laundry; teaching the use of police, fire, and emergency assistance; performing routine household activities to maintain a clean and safe home; and managing personal financial affairs. Adult Companion Service staff do not perform these activities for the participant.

#### LIMITS ON THE AMOUNT, FREQUENCY, OR DURATION OF THIS SERVICE:

- Adult Companion Services is available for adult participants.
- This service cannot be authorized in conjunction with Residential Habilitation services.
- The amount of prior authorized services is based on the participant's need as documented in the service plan, and within the participant's approved annual budget.
- Adult Companion Services cannot exceed a weekly amount of 25 hours.
- Adult Companion Service is reimbursed at an hourly unit.
- Transportation is not included in the reimbursement rate.
- Adult Companion Service shall not overlap with, supplant, or duplicate other services provided through Medicaid State plan or HCBS Waiver services.
- This service shall exclude any services available through public education programs funded under the Individuals with Disabilities Education Act (IDEA). This includes services not otherwise available through public education programs in the participant's local school district, including after school supervision and daytime services when school is not in session (i.e., summer breaks and/or scheduled school holidays, in-service days, etc.). Services cannot be provided during the school hours set by the local school district for the participant. Regular school hours and days apply for a child who receives home schooling.

#### PROVIDER TYPE & ADDITIONAL QUALIFICATIONS:

☒ Independent Provider ☒ Agency Provider

## CONSULTATIVE ASSESSMENT SERVICE

## SERVICE DEFINITION:

Consultative Assessment Services are provided when a behavior support plan is developed and implemented to assist individuals in maintaining their current living environment while ensuring their safety and the safety of others. Consultative Assessment Service is necessary to improve the participant's independence and inclusion in their community. Consultative Assessment Service activities include assessment and habilitation plan development and implementation, and are provided at the direction of a Licensed Independent Mental Health Practitioner (LIMHP), Licensed Psychologist, or Advanced Practice Registered Nurse (APRN).

A functional behavioral assessment including level of risk is necessary in order to address problematic behaviors in functioning that are attributed to developmental, cognitive and or communication impairments. Observations where the participant lives, and/or takes part in day services or other activities are conducted at any time of the day or night in person or by Telehealth, depending upon when and where the specific problematic behaviors are shown. The current interventions are documented, and efficacy assessed. Best practices in intervention strategies, medical and psychological conditions, and/or environmental impact to service delivery are provided to the participant's team. Behavioral interventions are developed, piloted, evaluated, and revised, as necessary. The purpose is to provide support to the participant, using positive behavior support and non-physical crisis intervention that can keep the participant safe.

## LIMITS ON THE AMOUNT, FREQUENCY, OR DURATION OF THIS SERVICE:

- Individuals in need of this service who are under 21 will receive it through state plan services under EPSDT.
- The amount of prior authorized services is based on the participant's need as documented in the service plan and is within the participant's approved annual budget.
- Consultative Assessment Service is reimbursed at an hourly unit for up to 5 hours per month.
- Transportation and lodging is included in the reimbursement rate.
- Consultative Assessment Services shall not overlap with, supplant, or duplicate other services provided through Medicaid State plan or HCBS Waiver services.
- The provision of Consultative Assessment Services will be provided by a Licensed Independent Mental Health Practitioner, licensed psychologist or Advanced Practice Registered Nurse.
- This service is a team approach in which the service will include a functional behavior assessment including risk levels, the development of a behavior support plan, development of other habilitative plans, training and technical assistance to carry out the plan and treatment integrity support to the participant and the provider in the ongoing implementation of the plan.
- Behavior support plan data with analysis must be documented and accessible in THERAP or submitted to the service coordinator and Division at the frequency approved in the service plan.
- Consultants providing this service must attend either by via telecommunication (phone or Telehealth) or in person a minimum of two service plan meetings per ISP year. More frequent attendance may be necessary based on frequency of High General Event Record (GER) reporting.

## PROVIDER TYPE &amp; ADDITIONAL QUALIFICATIONS:

☒ Independent Provider ☐ Agency Provider

A provider of this service must be licensed in good standing with the Division of Public Health and functioning within their scope of practice, i.e. LIMHP, licensed clinical psychologist or APRN.

## CRISIS INTERVENTION SUPPORT

## SERVICE DEFINITION:

Crisis Intervention Support is an immediate, intensive, and short-term habilitative service that may be added to a participant's plan when a participant's tier level may not sufficiently address temporary increased or severe occurrences of behaviors. The provision of Crisis Intervention Support will be under the direction of a Licensed Independent Mental Health Practitioner (LIMHP), Licensed Psychologist or Advanced Practice Registered Nurse.

This service will include the development of a behavior support plan, development of other habilitative strategies, training and technical assistance to carry out the plan and treatment integrity support to the participant and the provider in the ongoing implementation of the service plan. Crisis Intervention Support is carried out in accordance with functional behavioral assessments and direction of Consultative Assessment service provider. Direct support staff with Bachelor degree who may not have clinical experience can implement positive behavior supports, behavioral interventions, and habilitative strategies. This service may be delivered in the participant's home or in the community.

## LIMITS ON THE AMOUNT, FREQUENCY, OR DURATION OF THIS SERVICE:

- Crisis Intervention services are available for any adult participant. For a participant under 21, like services will be provided under the State Plan under EPSDT.
- The amount of authorized services is based on the participant's need as documented in the service plan, and is not within the participant's approved annual budget.
- Crisis Intervention Support must be implemented within 48 hours of request.
- Crisis Intervention Support cannot exceed 5 days per occurrence.
- Crisis Intervention Support is reimbursed at an hourly unit.
- Crisis Intervention Support shall not overlap with, supplant, or duplicate other services provided through Medicaid State plan or HCBS Waiver services.
- Behavior support plan data with analysis must be submitted to the service coordinator and Division at the frequency approved in the service plan.
- The amount of service will be approved by the Complex Care Administrator or Clinical Review Team and shall be based on verified need, evidence of the diagnosis or condition requiring this service.
- Transportation and lodging is included in the reimbursement rate.

## PROVIDER TYPE &amp; ADDITIONAL QUALIFICATIONS:

☐ Independent Provider ☒ Agency Provider

A provider of this service must:

- Have a Bachelor's degree or coursework/training in: education, psychology, social work, sociology, human services, or a related field; and/or
- Have four or more years of professional experience in the provision of habilitative services for persons with intellectual or other developmental disabilities or four or more years of professional experience in habilitative program writing and program data collection/analysis, and provide evidence upon request.

## IN-HOME RESIDENTIAL HABILITATION

## SERVICE DEFINITION:

In-Home Residential Habilitation services are individually-tailored supports for a waiver participant that assists with the acquisition, retention, or improvement in skills related to living in the community. These supports include adaptive skill development, assistance with activities of daily living, habilitative community inclusion, transportation, opportunities for practicing skills taught in therapies, counseling sessions, or other settings, social and leisure skill development, that assist the participant to reside in the most integrated setting appropriate to his/her needs. In-Home Residential Habilitation includes personal care, protective oversight and supervision.

## LIMITS ON THE AMOUNT, FREQUENCY, OR DURATION OF THIS SERVICE:

- In-Home Residential Habilitation services may be provided in the participants' home or integrated settings with persons who do not have disabilities.
- This service cannot be provided in conjunction with Habilitative Community Inclusion and Adult Companion Services.
- The amount of prior authorized services is based on the participant's need as documented in the service plan, and within the participant's approved annual budget.
- In-Home Residential Habilitation service is billed at an hourly or daily rate
- Transportation is included in the rate.
- In-Home Residential Habilitation services shall not overlap with, supplant, or duplicate other services provided through the Medicaid state Plan or HCBS Waiver services.
- This service shall exclude any services available through public education programs funded under the Individuals with Disabilities Education Act (IDEA). This includes services not otherwise available through public education programs in the participant's local school district, including after school supervision and daytime services when school is not in session (i.e., summer breaks and/or scheduled school holidays, in-service days, etc.). Services cannot be provided during the school hours set by the local school district for the participant. Regular school hours and days apply for a child who receives home schooling.

## PROVIDER TYPE &amp; ADDITIONAL QUALIFICATIONS:

☒ Independent Provider ☒ Agency Provider

A provider of this service must:

- Have a Bachelor's degree or coursework/training in: education, psychology, social work, sociology, human services, or a related field; and/or
- Have four or more years of professional experience in the provision of habilitative services for persons with intellectual or other developmental disabilities or four or more years of professional experience in habilitative program writing and program data collection/analysis, and provide evidence upon request.

## RESIDENTIAL HABILITATION

## SERVICE DEFINITION:

Residential Habilitation service is a habilitative service that provides individually tailored supports that assist with the acquisition, retention, or improvement in skills related to living in the community. These supports include adaptive skill development, habilitative community inclusion, transportation, opportunities for practicing skills taught in therapies, counseling sessions, or other settings, and social and leisure skill development that assist the participant to reside in the most integrated setting appropriate to his/her needs.

Residential Habilitation service includes prompting and supervising the participant in completing tasks including but not limited to, activities of daily living (ADL); health maintenance; meal preparation; laundry; teaching the use of police, fire, and emergency assistance; performing routine household activities to maintain a clean and safe home; and managing personal financial affairs.

## LIMITS ON THE AMOUNT, FREQUENCY, OR DURATION OF THIS SERVICE:

- Residential Habilitation services are furnished in a provider-operated group home or host home.
- When the unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services, the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant laws of the state, county, city, or other designated entity. When the setting in which the landlord tenant laws do not apply, a lease, residency agreement or other form of written agreement will be in place for each HCBS participant, and the document must provide protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law.
- Medicaid payment may not be made for the cost of room and board, including the cost of building maintenance, upkeep and improvement.
- The amount of prior authorized services is based on the participant's need as documented in the service plan, and within the participant's approved annual budget.
- Residential Habilitation services are reimbursed at a daily or hourly unit rate.
- A participant receives a tiered service based upon needs identified in the Objective Assessment Process.
- Residential Habilitation service cannot be provided in conjunction with Habilitative Community Inclusion and Adult Companion Services.
- Transportation is included in the rate.
- Residential Habilitation service shall not overlap with, supplant, or duplicate other services provided through the Medicaid State Plan or HCBS Waiver service.
- Residential habilitation is paying for support to an individual who needs support 24 hours a day. The provider must be in the residence of the participants providing service during both awake and sleeping time for a minimum of 8 hours in a 24 hour period 12:00am-11:59pm for the provider to be reimbursed.

## PROVIDER TYPE &amp; ADDITIONAL QUALIFICATIONS:

☒ Independent Provider ☒ Agency Provider

A provider of this service must:

- Have a Bachelor's degree or coursework/training in: education, psychology, social work, sociology, human services, or a related field (independent-only); and/or
- Have four or more years of professional experience in the provision of habilitative services for persons with intellectual or other developmental disabilities or four or more years of professional experience in habilitative program writing and program data collection/analysis, and provide evidence upon request (both independent and agency).

### SERVICE DEFINITION:

Homemaker services are the performance of the general household activities, such as meal preparation, laundry services, errands, and routine household care, when the individual regularly responsible for these activities is temporarily absent or unable to manage the home and care for him or herself or others in the home. This service does not include direct care or supervision.

### LIMITS ON THE AMOUNT, FREQUENCY, OR DURATION OF THIS SERVICE:

- Homemaker services have an annual cap of 520 hours.
- Homemaker services are available only to participants residing in their family homes.
- Homemaker services are not available to adult participants.
- Homemaker services cannot duplicate or replace other supports available to the participant, including natural supports.
- The amount of prior authorized services is based on the participant's need as documented in the service plan, and within the participant's approved annual budget.
- Homemaker service is reimbursed at an hourly unit.
- Transportation is not included in the reimbursement rate.
- Homemaker service shall not overlap with, supplant, or duplicate other services provided through Medicaid State plan or HCBS Waiver services.
- Homemaker services may not be provided by any individual provider or agency staff member that lives in the same private residence as the participant.

### PROVIDER TYPE & ADDITIONAL QUALIFICATIONS:

☒ Independent Provider ☒ Agency Provider

### SERVICE DEFINITION:

Respite service is a non-habilitative service that is provided to participants unable to care for themselves and is furnished on a short-term, temporary basis for relief to the usual caregiver(s) living in the same private residence as the participant. Respite includes assistance with activities of daily living (ADL), health maintenance, and supervision.

Respite services may be provided in the caregiver's home, the provider's home or in community settings.

### LIMITS ON THE AMOUNT, FREQUENCY, OR DURATION OF THIS SERVICE:

- The amount of prior authorized services is based on the participant's need as documented in the service plan, and within the participant's approved annual budget.
- Respite service is reimbursed at hourly unit or daily rate.
- Any use of respite over 9 hours within a 24-hour period must be billed as a daily rate. Use of respite under 9 hours must be billed in hourly units.
- Respite services provided in a facility setting approved by the Division must be reimbursed the daily rate and can only be used when all other options are exhausted.
- Federal financial participation is not to be claimed for the cost of room and board except when provided as a part of respite care furnished in a facility approved by the Division that is not a private residence.
- The maximum number of hours for participants is 240 hours per annual budget year.
- Transportation from the participant's private residence to a provider's home or community setting is not included in the reimbursement rate.
- Respite services may not be provided during the same time period as other HCBS waiver services.
- Respite Services may not be provided by any individual provider that lives in the same private residence as the participant.
- A Respite service provider or provider staff shall not provide respite services to adults and children at the same time. Participants 18 to 19 years of age may receive respite services with adults.

### PROVIDER TYPE & ADDITIONAL QUALIFICATIONS:

☒ Independent Provider ☒ Agency Provider



## TRANSPORTATION

### SERVICE DEFINITION:

Transportation is a service designed to foster greater independence and personal choice. Transportation services enable participants to gain access to waiver services, community activities, and resources as specified by the participant's service plan. Transportation services are not intended to replace formal or informal transportation options, like the use of natural supports.

### LIMITS ON THE AMOUNT, FREQUENCY, OR DURATION OF THIS SERVICE:

- This service does not include transportation to medical appointments. Medical transportation is available under the Medicaid State plan or other federal and state transportation programs.
- Transportation is provided for a waiver participant to get to and from a location only.
- Participant's annual budget cap for Transportation service is \$5,000. A critical health or safety service request that exceeds the annual cap is subject to available funding and approval by the Division.
- The amount of prior authorized services is based on the participant's need as documented in the service plan, and within the participant's approved annual budget.
- Transportation is reimbursed per mile or cost of a bus pass.
- Transportation shall not overlap with, supplant, or duplicate other services provided through Medicaid State plan or HCBS Waiver services.
- Transportation services may be provided by a relative but not a legally responsible individual or guardian.
- Agency provider mileage rate shall not exceed the rate of reimbursement pursuant to Neb. Rev. Stat. §81-1176 multiplied by three.
- Individual provider mileage rate shall be paid at the mileage rate of reimbursement pursuant to Neb. Rev. Stat. §81-1176.
- The public transportation rate shall not exceed purchase price by the general public.

### PROVIDER TYPE & ADDITIONAL QUALIFICATIONS:

☒ Independent Provider ☒ Agency Provider

A provider of this service must:

- Maintain the minimum vehicle insurance coverage as required by state law;
- Ensure drivers have not had his/her driver/chauffeur's license revoked within the past three years; and
- Use their own personally registered vehicle to transport.

## TRANSITIONAL SERVICES

### SERVICE DEFINITION:

Transitional Services are services and household set-up expenses not otherwise provided through this waiver or through the Medicaid State Plan that enables a participant to have opportunities for full membership in home and community based services.

Transitional Services are non-recurring basic household set-up expenses needed for participants transitioning from an institution to a private residence that remove the identified barriers or risks for the success of the transition. Transitional Services may include essential furniture, furnishings, household supplies, security deposits, basic utility (i.e., water, gas, and electricity) fees or deposits, or moving expenses. Funds may not be used to pay a rental deposit or rent. Transitional Services may be approved when the participant does not have the funds to purchase the item or service or the item or service is not available through another source, including relatives, friends, or any other source. Transitional Services will not be approved for a residence that is owned or leased by a provider of waiver services.

### LIMITS ON THE AMOUNT, FREQUENCY, OR DURATION OF THIS SERVICE:

- Transitional Services have a participant budget cap of \$1,500. A critical health or safety service request that exceeds the limit is subject to available funding and approval by the Division.
- The amount of prior authorized services is based on the participant's need as documented in the service plan, and within the participant's approved annual budget.
- Transitional Services are authorized for direct reimbursement to the vendor.
- Medicaid funds may not be used to pay rent.
- An application must be submitted to Department of Health and Human Services Division of Children & Family Services Economic Support Unit for assistance prior to utilization of this service.
- Transitional Services cannot be used for personal care items (toiletries or things used for daily hygiene), food, or clothing, or items and services which are not essential to supporting the move or ensuring a successful transition.
- Transitional Services shall not overlap with, supplant, or duplicate other services provided through Medicaid State plan services, Money Follows the Person, or Nebraska DHHS Economic Support programs.
- Providers shall not exceed their charges to the general public when billing the waiver. A provider who offers a discount to certain individuals (for example, students, senior citizens, etc.) shall apply the same discount to the participants who would otherwise qualify for the discount

### PROVIDER TYPE & ADDITIONAL QUALIFICATIONS:

☒ Independent Provider ☒ Agency Provider

### SERVICE DEFINITION:

Assistive Technology is equipment or a product system such as devices, controls, or appliances, whether acquired commercially, modified, or customized, that is used to increase, maintain, or improve functional capabilities of participants and be necessary to ensure participants health, welfare and safety. The use of assistive technology enables participants who reside in their own homes to increase their abilities to perform activities of daily living in their home, or to perceive, control, or communicate with the environment they live in, thereby decreasing their need for assistance from others as a result of limitations due to disability.

All devices and adaptations must be provided in accordance with applicable State or local building codes and/or applicable standards of manufacturing, design, and installation.

Assistive Technology includes the equipment or product system as well as:

- Services consisting of purchasing or leasing assistive technology devices for participants.
- Services consisting of selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices.
- Coordination and use of necessary therapies, interventions, or services with assistive technology devices, such as therapies, interventions, or services associated with other services in the service plan.
- Training or technical assistance for the participant, or, where appropriate, the family members, guardians, advocates, or authorized representatives of the participant.
- Training or technical assistance for professionals or other individuals who provide services to, employ, or are otherwise substantially involved in the major life functions of participants.

### LIMITS ON THE AMOUNT, FREQUENCY, OR DURATION OF THIS SERVICE:

- Assistive Technology has a participant annual budget cap of \$2,500.
- The Division may require an on-site assessment of the environmental concern including an evaluation of functional necessity with appropriate Medicaid enrolled professional providers. The Division may use a third party to assess the proposed modification and need for the modification to ensure cost effectiveness and quality of product. This assessment will be funded by the Environmental Modification Assessment service and will be reimbursed separately. The cost of the Environmental Modification Assessment is not included in the \$2,500 cap on Assistive Technology.
- The amount of prior authorized services is based on the participant's need as documented in the service plan, and within the participant's approved annual budget.
- Assistive Technology is reimbursed per item directly to vendor or provider of services.
- This service shall not overlap with, supplant, or duplicate other services provided through the waiver or Medicaid State plan services, or Nebraska DHHS Economic Support program services.
- Providers shall not exceed their charges to the general public when billing the waiver. A provider who offers a discount to certain individuals (for example, students, senior citizens, etc.) shall apply the same discount to the participants who would otherwise qualify for the discount.
- For items over \$500 insurance or an extended warranty is required.
- Damaged, stolen or lost items not covered by insurance or warranty may be replaced once every two years

### PROVIDER TYPE & ADDITIONAL QUALIFICATIONS:

☒ Independent Provider ☒ Agency Provider

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**SERVICE DEFINITION:**

An Environmental Modification Assessment is a functional evaluation with the participant to ensure the health, welfare and safety of the participant or that enable the participant to integrate more fully into the community, and function in the participant's private home (not provider operated or controlled), or in the participant's family's home, if living with his/her family.

The on-site assessment of the environmental concern includes an evaluation of functional necessity, the determination of the provision of appropriate assistive technology, home, or vehicle modification for the participant, and the need for the modification to ensure cost effectiveness.

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**LIMITS ON THE AMOUNT, FREQUENCY, OR DURATION OF THIS SERVICE:**

- Participant's annual budget cap for Environmental Modification Assessment is \$1,000. A critical health or safety service request that exceeds the annual cap is subject to available funding and approval by the Division.
- The amount of prior authorized services is based on the participant's need as documented in the participant's service plan, and within the participant's approved annual budget.
- Billing unit is per assessment.
- This service shall not overlap with, supplant, or duplicate other services provided through the Medicaid State plan services.
- Providers shall not exceed their charges to the general public when billing the waiver. A provider who offers a discount to certain individuals (for example, students, senior citizens, etc.) shall apply the same discount to the participants who would otherwise qualify for the discount.

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**PROVIDER TYPE & ADDITIONAL QUALIFICATIONS:**

☒ Independent Provider ☒ Agency Provider

A provider of this service must:

- Ensure that all items and assistive equipment recommended or provided meet the applicable standards of manufacture, design, and installation.
- Obtain, at a minimum, three bids/cost proposals to ensure cost effectiveness.

## HOME MODIFICATIONS

### SERVICE DEFINITION:

Home Modifications are those physical adaptations to the private residence of the participant or the participant's family that are necessary to ensure the health, welfare, and safety of the participant, and/or are necessary to enable the participant to function with greater independence in their own participant-directed private home (not provider operated or controlled) or in the family's home, if living with his/her family.

Home Modifications are provided within the current foundation of the residence. Such modifications include the installation of ramps, widening of doorways, modification of bathroom facilities, or the installation of specialized electric and plumbing systems that are necessary to accommodate the medical equipment and supplies that are necessary for the welfare of the participant. Adaptations that add to the total square footage of the home are excluded except when necessary to complete an adaptation (e.g., in order to improve entrance/egress to a residence or to configure a bathroom to accommodate a wheelchair). Approvable adaptations do not include adaptations or improvements to the home that are of general utility, and are not of direct medical or remedial benefit to the participant. The participant's home must not present a health and safety risk to the participant other than that corrected by the approved home adaptations. Home Modifications will not be approved to adapt living arrangements for a residence that is operated or controlled by a provider of waiver services

### LIMITS ON THE AMOUNT, FREQUENCY, OR DURATION OF THIS SERVICE:

- Combined Home Modification and Vehicle Modification has a budget cap of \$10,000 per five year period.
- A critical health or safety service request that exceeds the cap is subject to available funding and approval by the Division.
- The Division may require an on-site assessment of the environmental concern including an evaluation of functional necessity with appropriate Medicaid enrolled professional providers. The Division may use a third party to assess the proposed modification and need for the adaptation to ensure cost effectiveness and quality of product. This assessment will be funded by the Environmental Modification Assessment service and will be reimbursed separately. The cost of the Environmental Modification Assessment is not included in the \$10,000 budget cap for Home and Vehicle Modification.
- The amount of prior authorized services is based on the participant's need as documented in the service plan, and within the participant's approved annual budget.
- Home Modifications shall not overlap with, supplant, or duplicate other services provided through Medicaid State plan services.
- Proof of renter's insurance or homeowner's insurance may be requested.
- Evidence of application to secure government-subsidized housing through U.S. Department of Housing and Urban Development or other Economic Assistance programs may be requested.
- Providers shall not exceed their charges to the general public when billing the waiver. A provider who offers a discount to certain individuals (for example, students, senior citizens, etc.) shall apply the same discount to the participants who would otherwise qualify for the discount.

### PROVIDER TYPE & ADDITIONAL QUALIFICATIONS:

☒ Independent Provider ☒ Agency Provider

A provider of this service must ensure that all items and assistive equipment provided meet the applicable standards of manufacture, design, and installation. Appropriately licensed/certified persons shall make or oversee all modifications.

### SERVICE DEFINITION:

PERS is an electronic device which enables participants to secure help in an emergency. The participant may also wear a portable PERS button to allow for mobility. The system is connected to the participant's telephone and programmed to signal a response center once a PERS button is activated.

The provision of PERS includes:

- Instruction to the participant about how to use the PERS device;
- Obtaining the participant's or authorized representative's signature verifying receipt of the PERS unit;
- Ensuring that response to device signals (where appropriate to the device) will be provided 24 hours per day, 7 days per week;
- Furnishing a replacement PERS unit when needed to the participant within 24 hours of notification of malfunction of the original unit while it is being repaired;
- Updating a list of responder and contact names at a minimum semi-annually to ensure accurate and correct information;
- Ensuring monthly testing of the PERS unit; and
- Furnishing ongoing assistance when needed to evaluate and adjust the PERS device or to instruct the participant in the use of PERS devices, as well as to provide for system performance checks.

### LIMITS ON THE AMOUNT, FREQUENCY, OR DURATION OF THIS SERVICE:

- PERS is limited to participants who live alone or who are alone for significant parts of the day and have no regular unpaid caregiver or provider for extended periods of time.
- The amount of prior authorized services is based on the participant's need as documented in the service plan, and within the participant's approved annual budget.
- PERS is reimbursed as a monthly rental fee or as a one-time installation fee.

### PROVIDER TYPE & ADDITIONAL QUALIFICATIONS:

☒ Independent Provider ☐ Agency Provider

A provider of this service must:

- Complete all provider enrollment requirements, including annual background checks;
- Ensure response is provided 24 hours per day, 7 days per week;
- Furnish replacement PERS unit within 24 hours of malfunction of original unit;
- Ensure monthly testing of PERS unit; and
- Update responder contacts semi-annually.

## VEHICLE MODIFICATIONS

### SERVICE DEFINITION:

Vehicle Modifications are adaptations or alterations to an automobile or van that is the participant's primary means of transportation in order to accommodate the special needs of the participant. Vehicle Modifications are specified by the service plan as necessary to enable the participant to integrate more fully into the community and to ensure the health, welfare and safety of the participant.

The following are specifically excluded:

- Adaptations or improvements to the vehicle that are of general utility, and are not of direct medical or remedial benefit to the participant.
- Purchase or lease of a vehicle.
- Purchase of existing adaptations or adaptations in process.
- Regularly scheduled upkeep and maintenance of a vehicle except upkeep and maintenance of the modifications.
- Vehicle Modifications will not be approved to adapt automobiles or vans that are owned or leased by providers of waiver services.

### LIMITS ON THE AMOUNT, FREQUENCY, OR DURATION OF THIS SERVICE:

- Combined Home Modification and Vehicle Modification services has a budget cap of \$10,000 per five year period.
- A critical health or safety service request that exceeds the cap is subject to available funding and approval by the Division.
- The Division may require an on-site assessment of the environmental concern including an evaluation of functional necessity with appropriate Medicaid enrolled professional providers. The Division may use a third party to assess the proposed modification and need for the modification to ensure cost effectiveness and quality of product. This assessment will be funded by the Environmental Modification Assessment service and will be reimbursed separately. The cost of the Environmental Modification Assessment is not included in the \$10,000 budget cap for Home and Vehicle Modification.
- The amount of prior authorized services is based on the participant's need as documented in the service plan, and within the participant's approved annual budget.
- Proof of vehicle insurance may be requested.
- Vehicle Modifications shall not overlap with, supplant, or duplicate other services provided through Medicaid State plan or HCBS Waiver services.
- Providers shall not exceed their charges to the general public when billing the waiver. A provider who offers a discount to certain individuals (for example, students, senior citizens, etc.) shall apply the same discount to the participants who would otherwise qualify for the discount.
- If the vehicle is leased, the modification is transferrable to the next vehicle.

### PROVIDER TYPE & ADDITIONAL QUALIFICATIONS:

☐ Independent Provider ☒ Agency Provider

A provider of this service must ensure that all items and assistive equipment provided meet the applicable standards of manufacture, design, and installation. Appropriately licensed/certified persons shall make or oversee all modifications.